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CONFIRMATION NO. 9454

SERIAL NUMBER 09/832,269	FILING OR 371(c) DATE 04/10/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 3614/174
APPLICANTS Gholam Peyman, New Orleans, LA; Alan Y Chow, Wheaton, IL;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/15/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY LA	SHEETS DRAWING 1	TOTAL CLAIMS 21
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESS KENT E. GENIN BRINKS, HOFER, GILSON & LIONE P.O. BOX 10395 CHICAGO, IL 60610				
TITLE RETINAL TREATMENT METHOD				
FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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GRANTED ** 05/15/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY LA	SHEETS DRAWING 1	TOTAL CLAIMS 25
Certified and acknowledged Examiner's Signature <i>2.5</i> Initials				INDEPENDENT CLAIMS 3
ADDRESS Beverly A. Lyman Wood, Herron & Evans, L.L.P. 2700 Carew Tower 441 Vine Street Cincinnati, OH 45202-2917				
TITLE Reinal treatment method				
FILING FEE RECEIVED 364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	